Advancing Equity: Integrating Abortion Care into Primary Care

Overview

The radical Supreme Court ruling overturning Roe is devastating to people across the country, especially those with lower incomes and in states that have already banned abortion. While abortion care is protected in California, problems in access to equitable, timely abortion care remain. This situation will likely worsen as people from out of state come here seeking reproductive care their state will not provide.

To address this, it is imperative that abortion care becomes part of primary care. One of four women will have an abortion in her lifetime. Access to medication abortion or early aspiration should not require a specialty referral; these health services are well within the scope of practice of primary care providers.

In addition, to ensure access is equitable, abortion care must be available in Community Health Centers (CHCs). Restricted access will always disproportionately impact people of color and those with lower incomes. CHCs already provide reproductive health care to this population. Adding abortion care to these services will avoid the significant, predictable health disparities that would otherwise result, with people of color suffering disproportionately from lack of access.

The State of California and the Future of Abortion Council are already deeply engaged in improving access to abortion care. We applaud the recently released Medi-Cal guidance detailing how federally funded clinics can bill Medi-Cal fee for service and be reimbursed without federal funds. Building on their efforts thus far, we recommend:

1. Integrating abortion care as part of primary care in community health centers, to ensure equity of access for people of color and those with low income.

2. Funders, policymakers, elected officials, and health care leaders continue to work together to dismantle the fiscal and administrative barriers to abortion provision faced by CHCs.

3. DHCS, the Department of Health Care Access and Integration, and the Future of Abortion Council work with CHC leaders and the California Primary Care Association to ensure all abortion initiatives integrate the unique role and needs of CHCs.

CHCs Can Ensure People with Low Income Access to Abortion Care in California

Currently, CHCs provide whole-person care, including reproductive health care (with the exception of abortion care), for patients across the state, with clinics in 54 of 58 counties. As of 2020 data, there are more than 1,200 licensed CHCs serving over seven million patients. Aligned with CHCs' mission to serve low-income, historically marginalized populations in California, over half of CHC patients have incomes that fall below the federal poverty line. Just over half of CHC patients identify as Latino/x (54%), and approximately one-third have limited English proficiency. Sixty percent of CHC patients are covered by Medi-Cal, 21% self-pay or sliding scale, and about 17% have Medicare or private insurance. Medi-Cal covers abortion in California for all pregnant people, including those not documented.

Many CHCs already have providers trained to provide aspiration abortions (some flying to other states to provide the service). These providers could immediately offer abortion service to their patients in the privacy and safety of their medical home but cannot due to administrative barriers. In addition, medication abortion is a safe and easy to provide option that can be done via telemedicine by any provider, even if they are not trained to provide in-clinic aspiration abortions. Including abortion care within CHCs would improve access to this essential part of primary care.

Barriers to Abortion Care in Community Health Centers

The Hyde Amendment stipulates that federal funds cannot be spent on abortion, creating significant administrative and fiscal barriers to the provision of abortion care in a CHC. Routine medical care at a CHC is reimbursed using a mix of state and federal funds by billing Medi-Cal in a separate system called the prospective payment system. These payments are forbidden by the Hyde Amendment from supporting abortion care.

As a result, most CHCs do not provide any abortions, including medication abortions. However, **federal guidelines permit CHCs to provide other lines of business that are outside the scope of their federal grant** if they are completely paid for without any federal funds.

Conclusion

With clear guidelines, technical, and financial support, CHCs can offer and bill for abortion services as another line of business without risking their federal funding. More CHCs around the state would then be able to offer this essential primary care to low-income people in their medical home, where they would have culturally and linguistically concordant care. This would decrease referrals, which can lead to delays in care, transportation problems, and exposure to anti-choice protesters. Integration of abortion in CHCs would also decrease the responsibility to provide access that currently rests almost solely on specialist family planning and abortion clinics.

For almost five decades, the right to abortion has helped advance gender equity in the United States. This right has been essential to all people capable of becoming pregnant, protecting every person's reproductive freedom to decide when or if to have children, how many children, and with whom. We believe it is essential that CHCs integrate abortion into primary care in order to ensure equity in access to comprehensive reproductive care for Californians with low income after the fall of Roe v. Wade.

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CHCF Alumni Network Social Justice Action Group

CHCF Alumni Network, Social Justice Action Group is a group of over 80 physicians, dentists, pharmacists, mental health professionals and other health leaders in California who are alumni of CHCF's Health Care Leadership Program.

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